

OAHU CANDIDATES-
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT
CANDIDATE COMMITTEE

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name:

Sam Slom (Samuel M. Slom)

(b) Committee Name: Friends For Sam Slom

(c) Mailing Address: c/o 6600 Kalaniana'ole #212

Honolulu, HI 96825

(d) Phone (Bus) N/A (Res) 395-5447

Treasurer's Lana May Jackson

SECTION II-TYPE OF REPORT:

(See 11A-44B-100-105 for filing dates to complete this section)

☐ 1st Preliminary Primary

☐ Amended

☐ First

☐ Second

☐ Third

☐ Fourth

☐ 2nd Preliminary Primary

☐ Short Form¹

☒ Final Primary

☐ Preliminary General

☐ Final Election Period

☐ Supplemental

REPORTING PERIOD

Sept. 9 through Sept. 23, 00

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS
(Complete Section IV on the Back of this Form Before Completing This Section)

(7/96-9/2000)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD ² TOTAL TO DATE	
1. Cash on Hand at the Beginning of the Election Period. ² July 1, 1996		\$ -0-	1
2. Cash on Hand at the Beginning of this Reporting Period. Sept. 8, 2000	\$ 9,593.28		2
3. Total Receipts (From Line 15). September 9-23, 2000	\$ 825.00	\$ 59,351.13	3
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	\$10,418.28	\$ 60,176.13	4
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).....	NONE	\$ 49,757.85	5
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4).... September 23, 2000	\$10,418.28	\$ 10,418.28	6
7. Total Loans at the Closing of this Reporting Period.....	NONE		7
8. Total Unpaid Expenditures at the Closing of this Reporting Period.....	NONE		8
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8).....	NONE		9
10. Surplus/Deficit (Subtract Line 9 from Line 6).... September 23, 2000	\$10,418.28		10

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Candidate Signature

Date

Treasurer Signature

Date

¹ Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less. Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.
² An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS
(If Necessary, Complete Schedules A through E Before Completing This Section)

Friends for Sam Slom

9/8-9/23/2000

7/96-9/23/00

RECEIPTS

**COLUMN A
TOTAL THIS PERIOD**

**COLUMN B
ELECTION PERIOD
TOTAL TO DATE**

11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	\$ 75.00	\$ 25,318.00	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	750	31,550	11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii)).....	825	56,868	11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	0	0	11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	0	925	11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii)).....	0	925	11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)).....	825	57,793	12
13. Public Funds and Other Receipts..... NO...PUBLIC FUNDS/ Bank Interest Only	NONE	2,383.13	13
14. Loans.....	NONE	NONE	14
15. Total Receipts (Add Lines 12 through 14).....	825	60,176.13	15
DISBURSEMENTS			
16. Expenditures.....	NONE	49,757.85	16
17. Loans Repaid or Forgiven.....	N/A	N/A	17
18. Unpaid Expenditures Paid or Forgiven.....	0	0	18
19. Subtotal Disbursements (Add Lines 16 through 18).....	NONE	49,757.85	19
20. Unpaid Expenditures.....	0		20
21. Total Disbursements (Add Lines 19 and 20)..... As of 9/23/00	NONE	49,757.85	21

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

SAM SLOM - FRIENDS FOR SAM SLOM

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR IF A DEPENDENT MINOR, ENTER NAME OF PARENT	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER OCCUPATION	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	**** NOTE: THE FOLLOWING FOUR (4) WERE DETAILED WITH ADDRESSES IN THE "LATE CONTRIBUTIONS REPORT" FILED 9/19/00			
9/15	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
9/15	(1) Aloha Airlines PAC		\$ 100	
9/19	(2) Hotel PAC HHA		200	
9/19	(3) Outrigger Enterprises, Inc.		200	
9/19	(4) Tesoro Hawaii Club		250	
9/18/00	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		(\$750.00)	
	Frances R. Hardy		\$ 50.00	
	5725 Haleola St			
	Honolulu, HI 96821			
9/23	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		25.00	
	Murray W. Luther			
	221 Ainahou St			
	Honolulu, HI 96825			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....	\$ 825.00	
2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....	\$ 825.00	

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

Sam Slom - Friends For Sam Slom

(9/8-9/23/00)

PAGE

1

OF

1

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	***** NO EXPENDITURES THIS PERIOD *****		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page).....

2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report).....

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE C
PUBLIC FUNDS AND OTHER RECEIPTS
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME: Sam Slom - Freinds For Sam Slom (9/8-9/23/00) PAGE 1 OF 1

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF PUBLIC FUNDS OR OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	**** NO PUBLIC FUNDS ACCEPTED OR SOLICITED ***			
	No bank Interest paid uring this period			
1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page).....				
2. TOTAL PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (Last Page Only) (Transfer total to Line Number 13 of the Disclosure Report).....				

ATTACH A COPY OF THE
EXECUTED LOAN DOCUMENT AT
THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE D
LOANS
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

Sam Slom - Friends For Sam Slom

LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF LENDER NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT BEGINNING OF THIS PERIOD	NEW LOAN AMOUNT THIS PERIOD	AMOUNT REPAYED OR FORGIVEN THIS PERIOD	AMOUNT OF LOAN AT CLOSING OF THIS PERIOD
DATE OF LOAN	PURPOSE OF LOAN				
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER	*** NO LOANS MADE, ACCEPTED OR SOLICITED ***			<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	

1. SUBTOTAL (This Page).....

2. TOTAL NEW LOANS THIS PERIOD (Last Page Only) (Transfer total to Line Number 14 of the Disclosure Report).....

3. TOTAL LOANS REPAYED OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 17 of the Disclosure Report).....

4. TOTAL LOANS AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 7 of the Disclosure Report)....

Form CC-5(D) (Rev. 5/99)

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE E
UNPAID EXPENDITURES
CANDIDATE COMMITTEE**

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

OF

Sam Slom - Friends For Sam Slom

DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD
	PURPOSE OF UNPAID EXPENDITURE				
	*** NO UNPAID EXPENDITURES ***			<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	

1. SUBTOTAL (This Page).....
2. TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 20 of the Disclosure Report).....
3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 18 of the Disclosure Report).....
4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 8 of the Disclosure Report).....

Form CC-5(E) (Rev. 5/99)

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
ACQUISITION OF DURABLE ASSETS
CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

SAM SLOM - FRIENDS FOR SAM SLOM

ACQUISITION OF ASSETS

The purchase or lease of an asset must also be reported as an "Expenditure" on Schedule B.

DATE OF ACQUISITION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR DONOR	DESCRIPTION OF ASSET	APPROXIMATE VALUE OF ASSET
	*** NO DURABLE ASSETS ACQUIRED ***		

All Durable Assets must be reported until all assets have been sold or disposed of accordingly.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
DISPOSITION OF DURABLE ASSETS
CANDIDATE COMMITTEE**

INFORMATION OR ITEMS FROM THE REPORTS SHALL BE SHOWN OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY OTHER PURPOSE

CANDIDATE AND CANDIDATE COMMITTEE NAME:

Sam Slom - Friends For Sam Slom

DISPOSITION OF ASSETS

The sale of an asset must also be reported as an "Other Receipt" on Schedule C.

DATE OF DISPOSITION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF ENTITY ACQUIRING THE ASSET	DESCRIPTION OF ASSET	DATE OF SALE AND ASSET VALUE	DISPOSITION
	*** NO DURABLE ASSETS DISPOSED OF ***			<input type="checkbox"/> SOLD <input type="checkbox"/> EXCHANGED <input type="checkbox"/> DONATED <input type="checkbox"/> TRANSFERRED <input type="checkbox"/>
				<input type="checkbox"/> SOLD <input type="checkbox"/> EXCHANGED <input type="checkbox"/> DONATED <input type="checkbox"/> TRANSFERRED <input type="checkbox"/>
				<input type="checkbox"/> SOLD <input type="checkbox"/> EXCHANGED <input type="checkbox"/> DONATED <input type="checkbox"/> TRANSFERRED <input type="checkbox"/>
				<input type="checkbox"/> SOLD <input type="checkbox"/> EXCHANGED <input type="checkbox"/> DONATED <input type="checkbox"/> TRANSFERRED <input type="checkbox"/>
				<input type="checkbox"/> SOLD <input type="checkbox"/> EXCHANGED <input type="checkbox"/> DONATED <input type="checkbox"/> TRANSFERRED <input type="checkbox"/>
				<input type="checkbox"/> SOLD <input type="checkbox"/> EXCHANGED <input type="checkbox"/> DONATED <input type="checkbox"/> TRANSFERRED <input type="checkbox"/>
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				<input type="checkbox"/> SOLD <input type="checkbox"/> EXCHANGED <input type="checkbox"/> DONATED <input type="checkbox"/> TRANSFERRED <input type="checkbox"/>
				<input type="checkbox"/> SOLD <input type="checkbox"/> EXCHANGED <input type="checkbox"/> DONATED <input type="checkbox"/> TRANSFERRED <input type="checkbox"/>
				<input type="checkbox"/> SOLD <input type="checkbox"/> EXCHANGED <input type="checkbox"/> DONATED <input type="checkbox"/> TRANSFERRED <input type="checkbox"/>

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**LATE CONTRIBUTIONS REPORT
CANDIDATE COMMITTEE**

The Late Contributions Report is to be used to report all contributions aggregating more than \$500 that are received within the period of fifteen calendar days through four calendar days prior to a primary, special primary, general, or special general election. The report is required to be filed no later than 4:30 p.m., three calendar days prior to the election.

September 8-19, 2000 **CAMPAIGN SPENDING COMMISSION**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

Sam Slom

Friends For Sam Slom

c/o 6600 Kalaniana'ole

#212, Honolulu, HI 96825

TO SEP 19 P1:33

DATE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION	AGGREGATE CONTRIBUTION
	PURPOSE TO WHICH THE CONTRIBUTION WILL BE APPLIED	OCCUPATION		
9/15/00	Aloha Airlines Hawaii Pac #4 P.O. Box 30028 Honolulu, HI 96820		\$100.00	\$100
	Printed Brochures / Materials			
9/15/00	HOTELPAC- HHA 2250 Kalakaua Avenue #404-4 Honolulu, HI 96815		200.00	200
	Printed Brochures / Materials			
9/19/00	Outrigger Enterprises, Inc. 2375 Kuhio Avenue Honolulu, HI 96815		200.00	200
	Printed Brochures / Materials			
9/19/00	Tesoro Hawaii Political Action Club P.O. Box 3379 Honolulu, HI 96842		250.00	250
	Printed Brochures / Materials			

Total Received 9/8-9/19/2000:

\$ 750.00

Form CC-10